



COVER SHEET

To: Insure Oklahoma Fax: 405-530-3433

E-Mail: insureok@okhca.org

Phone: 888-365-3742

From: _____

Company: _____

Date: _____

Total Number of Pages Including Cover: _____

Sender Phone Number: _____

Sender Email: _____

Employer ID#: E _____

Please indicate the forms being faxed by checking the applicable boxes below.

- Change Form
- Electronic Funds Transfer (EFT) Form
- Employer Application
- Insurance Carrier Invoice Month(s)

Please fax the entire invoice including staff listing page for proper subsidy payout to be processed.

- Rates
- Staff Listings
- Other
